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# State of Washington

## **Behavioral Risk Factor Surveillance System Questionnaire 1996**

Washington State Department of Health  
Center for Health Statistics  
and  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Office of Adult and Community Health  
Behavioral Surveillance Branch

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# Washington State 1996 Behavioral Risk Factor Questionnaire

## Table of Contents

	CDC CORE QUESTIONS	
TOPIC		PAGE
	Screening Questions .....	ii
1.	Health Status .....	1
2.	Health Care Access .....	2
3.	Diabetes (includes CDC Optional Module 1) .....	5
4.	Exercise .....	7
5.	Tobacco Use .....	10
6.	Nutrition .....	11
7.	Weight Control .....	13
8.	Demographics .....	14
9.	Women's Health .....	18
10.	HIV Testing & Counseling in Pregnancy (State-Added) .....	21
10.	HIV/AIDS .....	22
WASHINGTON STATE-ADDED QUESTIONS		
11.	Health Care Utilization (from CDC Optional Module 7) .....	26
12.	Preventive Counseling .....	27
13.	Cardiovascular Disease .....	28
14.	Hunger .....	28
15.	Hand & Wrist Discomfort .....	29
16.	Firearms (from CDC Optional Module 17) .....	30
17.	Environmental Health .....	31

**Section 1: Health Status**

**4/23/96**

1. This interview will only take a short time, and all the information obtained in this study will be confidential. I will ask you questions about your health practices. If you don't want to answer a specific question, just let me know and we can skip over it.

IF NEEDED: Your name will not be used, but your responses will be grouped together with information from others participating in this study.

Would you say that in general your health is: . . . READ 1-5 (33) 1.5

Excellent	1
Very good	2
Good	3
Fair	4
Or poor	5
-----	
Don't know/Not Sure	6 (7)
Refused	7 (9)

2. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (34-35) 1.8(2)

DAYS:	
None	88
Don't know/Not sure	77
Refused	99

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (36-37) 1.12(2)

DAYS:	
If Q. 2 also "None," Go to Q. 5 < -----	None 88
	Don't know/Not sure 77
	Refused 99

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39) 1.16(2)

None	88
Don't know/Not sure	77
Refused	99

## SECTION 2 - HEALTH CARE ACCESS

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (40) 1.18

CONTINUE <-----	Yes	1
SKIP TO Q.8 <-----	No	2
SKIP TO Q.22 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

6. Do you have Medicare? IF NEEDED: Medicare is a coverage plan for people 65 or over and for certain disabled people. (41) 1.19

SKIP TO Q.9 <-----	Yes	1
	No	2
	Don't know/Not sure	3 (7)
	Refused	4 (9)

7. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through. . .READ 1-8 (do not read programs in parentheses) (42-43) 1.20(2)

Your employer	1
Someone else's employer	2
A plan that you or someone else buys on your own	3
Medicare	4
Medicaid or Medical Assistance	5
The military, CHAMPUS, or the VA (or CHAMP-VA)	6
The Indian Health Service (or the Alaska Native Health Service)	7
Or some other source, such as the Basic Health Plan (SPECIFY:)	8
-----	
None	9 (88)
Don't know/Not sure	A (77)
Refused	B (99)

**IF CODE 1-8 OR A-B, SKIP TO Q.9**  
**IF CODE 9, SKIP TO Q.21**

8. There are some types of coverages you may not have considered. Please tell me if you have any of the following. Coverage through. . .READ 1-8 IF MORE THAN ONE, ASK: Which type do you use to pay for most of your medical care? (44-45) 1.22(2)

Your employer	1
Someone else's employer	2
A plan that you or someone else buys on your own	3
Medicare	4
Medicaid or Medical Assistance	5
The military, CHAMPUS, or the VA (or CHAMP-VA)	6
The Indian Health Service (or the Alaska Native Health Service)	7
Or some other source, such as the Basic Health Plan (SPECIFY:)	8
-----	
None	9 (88)
Don't know/Not sure	A (77)
Refused	B (99)

**IF CODE A-B, SKIP TO Q.22IF CODE 9, SKIP TO Q.21**

- 9-11. About how long have you had (Medicare)/(Medicaid)/(this particular health care coverage)? READ 1-5 IF NEEDED: The coverage you use currently to pay for most of your medical care? (46) 1.27

For less than 12 months (1 to 12 months)	1
For less than 2 years (1 to 2 years)	2
For less than 3 years (2 to 3 years)	3
For less than 5 years (3 to 5 years)	4
For 5 or more years	5
-----	
Don't know/Not sure	6 (7)
Refused	7 (9)

- 13-15. Is there a book or list of doctors associated with your (Medicare)/(Medicaid)/(this particular health care coverage)? IF NEEDED: The coverage you use currently to pay for most of your medical care? IF NO OR DON'T KNOW/NOT SURE, ASK: Is there a certain number you are supposed to call to find a doctor to go to? (47) 1.31

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

- 17-19. Does your (Medicare)/(Medicaid)/(health coverage) plan require you to select a certain doctor or clinic for all of your routine care? IF NEEDED: The coverage you use currently to pay for most of your medical care. IF NEEDED: Do not include emergency care or referral to specialist. (48)<sup>1.35</sup>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

**SKIP TO Q.22**

21. About how long has it been since you had health care coverage?

READ 1-5 ONLY IF NECESSARY

	(49) <sup>1.36</sup>
Within the past 6 months (1 to 6 months ago)	1
Within the past year (6 to 12 months ago)	2
Within the past 2 years (1 to 2 years ago)	3
Within the past 5 years (2 to 5 years ago)	4
5 or more years ago	5
-----	
Don't know/Not sure	6 (7)
Never	7 (8)
Refused	8 (9)

22. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)<sup>1.37</sup>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

23. About how long has it been since you last visited a doctor for a routine checkup?

READ 1-4 ONLY IF NECESSARY

	(51) <sup>1.38</sup>
Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 5 years (2 to 5 years ago)	3
5 or more years ago	4
-----	
Never	5 (8)
Don't know/Not sure	6 (7)
Refused	7 (9)

### SECTION 3: DIABETES

24. Have you ever been told by a doctor that you have diabetes? If YES AND FEMALE, ASK:  
"Was this only when you were pregnant?" (52)<sub>1.39</sub>

CONTINUE <-----	Yes	1
	Yes, but female told only during pregnancy	2
	No	3
SKIP TO NEXT SECTION <----	Don't know/Not sure	4 (7)
	Refused	5 (9)

25. How old were you when you were told you have diabetes? (330-331)<sub>1.42(2)</sub>

Code age in years [76=76 and older]

Don't know/Not sure	77
Refused	99

26. Are you now taking insulin? (332)<sub>1.44</sub>

CONTINUE <-----	Yes	1
SKIP TO Q.29 <-----	No	2
	Refused	3 (9)

27. Currently, about how often do you use insulin? (333-335)<sub>1.46(3)</sub>

Use insulin pump	333
Don't know/Not sure	777
Refused	999

28. ENTER CODE
- |                |   |
|----------------|---|
| Times per day  | 1 |
| Times per week | 2 |

29. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (336-338)<sub>1.51(3)</sub>

Never	888
Don't know/Not sure	777
Refused	999

30. ENTER CODE
- |                 |   |
|-----------------|---|
| Times per day   | 1 |
| Times per week  | 2 |
| Times per month | 3 |
| Times per year  | 4 |

31. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin "A one C"? (339)<sub>1.55</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

32. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes? (340-341)<sub>1.58(2)</sub>

SKIP TO Q.35 <-----

None	88
Don't know/Not sure	77
Refused	99

**IF CODE 2-4, Q.31, SKIP TO Q.34**

33. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"? (342-343)<sub>1.62(2)</sub>

None	88
Don't know/Not sure	77
Refused	99

34. About how many times in the last year has a health professional checked your feet for any sores or irritations? (344-345)<sub>1.66(2)</sub>

None	88
Don't know/Not sure	77
Refused	99



35. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. READ 1-5 ONLY IF NECESSARY (346)<sub>1.68</sub>

Within the past month (0 to 1 month ago)	1
Within the past year (1 to 12 months ago)	2
Within the past 2 years (1 to 2 years ago)	3
2 or more years ago	4
Never	5 (8)
-----	
Don't know/Not sure	6 (7)
Refused	7 (9)

#### SECTION 4: EXERCISE

36. The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)<sub>1.69</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO NEXT SECTION <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

37. What type of physical activity or exercise did you spend the most time doing during the past month? DO NOT READ (54-55)<sub>1.70(2)</sub>

Aerobics	1	Rowing Machine	9
Baseball/Softball	2	Running	A
Bicycle machine	3	Skiing, Snow	B
Dancing	4	Skiing, water	C
Gardening, wood chopping	5	Swimming	D
Yardwork		Walking	E
Hiking	6	Other (SPECIFY:)	F
Hunting	7	Refused	G
Jogging	8	Bike/Biking for pleasure	H
		Golf	I

**IF CODE G, SKIP TO Q.42**

**IF ANSWER TO Q.37 IS RUNNING, JOGGING, WALKING, OR SWIMMING,**

**ASK Q.38**

**ALL OTHERS, SKIP TO Q.39**

38. How far did you usually (walk)/(run)/(jog)/(swim)? RECORD BELOW. (56-58)<sub>6.30(3)</sub>

Miles and tenths	_____	_____	.	_____
Don't know/Not sure				777
Refused				999

39. How many times per week or per month did you take part in this activity? RECORD BELOW. (59-61)<sub>1.74(3)</sub>

Don't know/Not sure	777
Refused	999

40. ENTER CODE

Times per week	1	2.5
Times per month	2	

41. And when you took part in this activity, for how many minutes or hours did you usually keep at it? RECORD BELOW. (62-64)<sub>2.7(3)</sub>

_____ hrs. _____ min.
Don't know/Not sure 777
Refused 999

42. Was there another physical activity or exercise that you participated in during the last month? (65)<sub>2.10</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO NEXT SECTION <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

43. What other type of physical activity gave you the next most exercise during the past month? DO NOT READ (66-67)<sup>2.11(2)</sup>

Aerobics	1	Rowing Machine	9
Baseball/Softball	2	Running	A
Bicycle machine	3	Skiing, Snow	B
Dancing	4	Skiing, water	C
Gardening, wood chopping	5	Swimming	D
Yardwork		Walking	E
Hiking	6	Other (SPECIFY:)	F
Hunting	7	Refused	G
Jogging	8	Bike/Biking for pleasure	H
		Golf	I

**IF CODE G, SKIP TO NEXT SECTION**

**IF ANSWER TO Q.43 IS RUNNING, JOGGING, WALKING, OR SWIMMING,**

**ASK Q. 44**

**ALL OTHERS, SKIP TO Q.45**

44. How far did you usually walk/run/jog/swim? RECORD BELOW. (68-70)<sup>6.33(3)</sup>

Miles and tenths	_____	_____	.	_____
Don't know/Not sure				777
Refused				999

45. How many times per week or per month did you take part in this activity? RECORD BELOW. (71-73)<sup>2.15(3)</sup>

Don't know/Not sure	777
Refused	999

46. ENTER CODE
- |                 |   |
|-----------------|---|
| Times per week  | 1 |
| Times per month | 2 |

47. And when you took part in this activity, for how many minutes or hours did you usually keep at it? RECORD BELOW. (74-76)<sup>2.20(3)</sup>

hrs.	_____	min.	_____
Don't know/Not sure			777
Refused			999

SECTION 5: TOBACCO USE

48. Have you smoked at least 100 cigarettes in your entire life?  
(5 packs = 100 cigarettes.) (77)<sub>2.23</sub>

CONTINUE <-----	Yes	1
SKIP TO NEXT SECTION <-----	No	2
	Don't know/Not sure	3 (7)
	Refused	4 (9)

49. Do you now smoke cigarettes everyday, some days, or not at all? (78)<sub>2.24</sub>

CONTINUE <-----	Everyday	1
SKIP TO Q.51 <-----	Some days	2
SKIP TO Q.53 <-----	Not at all	3
SKIP TO NEXT SECTION <-----	Refused	4 (9)

50. On the average, about how many cigarettes per day do you now smoke?  
NOTE : 1 PACK = 20 CIGARETTES (79-80)<sub>2.27(2)</sub>

Don't know/Not sure	77
Refused	99

**SKIP TO Q.52**

51. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? NOTE: 1 PACK = 20 CIGARETTES (81-82)<sub>2.31(2)</sub>

Don't know/Not sure	77
Refused	99

**SKIP TO NEXT SECTION**

52. During the past 12 months, have you quit smoking for 1 day or longer? (83)<sub>2.33</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

**SKIP TO NEXT SECTION**

53. About how long has it been since you last smoked cigarettes regularly, that is, daily?  
READ 1-7 ONLY IF NECESSARY (84-85)<sub>2.34(2)</sub>

Within the past month (0 to 1 month ago)	1
Within the past 3 months (1 to 3 months ago)	2
Within the past 6 months (3 to 6 months ago)	3
Within the past year (6 to 12 months ago)	4
Within the past 5 years (1 to 5 years ago)	5
Within the past 15 years (5 to 15 years ago)	6
15 or more years ago	7
-----	
Never smoked regularly	8 (88)
Don't know/Not sure	9 (77)
Refused	A (99)

## SECTION 6: NUTRITION

54. These next few questions are about the food you usually eat or drink. Please tell how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

55. How often do you drink fruit juices such as orange, grapefruit, or tomato? (86-88)<sub>2.38(3)</sub>

Never	555
Don't know/Not sure	777
Refused	999

56. ENTER CODE:
- |           |   |
|-----------|---|
| Per day   | 1 |
| Per week  | 2 |
| Per month | 3 |
| Per year  | 4 |

57. Not counting juice, how often do you eat fruit? (89-91)<sub>2.43(3)</sub>

Never	555
Don't know/Not sure	777
Refused	999

58	ENTER CODE:	Per day	1
		Per week	2
		Per month	3
		Per year	4

59. How often do you eat green salad? (92-94)<sub>2.48(3)</sub>

Never	555
Don't know/Not sure	777
Refused	999

60	ENTER CODE:	Per day	1
		Per week	2
		Per month	3
		Per year	4

61. How often do you eat potatoes, not including french fries, fried potatoes, or potato chips? (95-97)<sub>2.53(3)</sub>

Never	555
Don't know/Not sure	777
Refused	999

62	ENTER CODE:	Per day	1
		Per week	2
		Per month	3
		Per year	4

63. How often do you eat carrots? (98-100)<sub>2.58(3)</sub>

Never	555
Don't know/Not sure	777
Refused	999

64	ENTER CODE:	Per day	1
		Per week	2
		Per month	3
		Per year	4

65. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? IF NEEDED: For example, a serving of vegetables at both lunch and dinner would be two servings. (101-103)<sub>2.63(3)</sub>

Never	555
Don't know/Not sure	777
Refused	999

66. ENTER CODE:

Per day	1
Per week	2
Per month	3
Per year	4

## SECTION 7: WEIGHT CONTROL

67. Are you now trying to lose weight? (104)<sub>2.67</sub>

SKIP TO Q.69 <-----	Yes	1
	No	2
CONTINUE <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

68. Are you now trying to maintain your current weight, that is to keep from gaining weight? (105)<sub>2.68</sub>

Ask Q.70<-----	Yes	1
	No	2
SKIP TO Q.75 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

69. IF YES, Q.36: Are you eating fewer calories or less fats to lose weight?  
70. IF YES, Q.37: Are you eating fewer calories or less fats to keep from gaining weight?  
PROBE FOR WHICH (106)<sub>2.71</sub>

*Yes, fewer calories	1
*Yes, less fat	2
*Yes, fewer calories and less fat	3
No	4
Don't know/Not sure	5 (7)
Refused	6 (9)

72. IF YES, Q.36: Are you using physical activity or exercise to lose weight?  
73. IF YES, Q.37: Are you using physical activity or exercise to keep from gaining weight?  
(107)<sub>2.74</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

75. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? PROBE FOR WHICH (108)<sub>2.75</sub>

*Yes, lose weight	1
*Yes, gain weight	2
*Yes, Maintain weight	3
No	4
Don't know/Not sure	5 (7)
Refused	6 (9)

SECTION 8: DEMOGRAPHICS (109-110)<sub>3.7(2)</sub>

76. What is your age?

Don't know/Not sure	07
Refused	09

77. What is your race? Would you say. . .READ 1-5 (111)<sub>3.9</sub>

White	1
Black	2
Asian, Pacific Islander	3
American Indian, Alaska Native	4
or something else (SPECIFY:)	5
-----	
Don't know/Not sure	6 (7)
Refused	7 (9)

78. Are you of Spanish or Hispanic origin? (112)<sub>3.10</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)



79. Are you. . .READ 1-6 (113)<sub>3.11</sub>

Married	1
Divorced	2
Widowed	3
Separated	4
Never been married	5
Or a member of an unmarried couple	6
-----	
Refused	7 (9)

How many children live in your household who are. . . READ

80. Less than 5 years old? (114)<sub>3.12</sub>  
 81. 5 through 12 years old? (115)<sub>3.13</sub>  
 82. 13 through 17 years old? (116)<sub>3.14</sub>

One	1	1	1
Two	2	2	2
Three	3	3	3
Four	4	4	4
Five	5	5	5
Six	6	6	6
Seven or more	7	7	7
None	8	8	8
Refused	9	9	9

83. What is the highest grade or year of school you completed?  
 READ 1-6 ONLY IF NECESSARY (117)<sub>3.15</sub>

Never attended school or kindergarten only	1
Grades 1 through 8 (Elementary)	2
Grades 9 through 11 (Some high school)	3
Grade 12 or GED (High school graduate)	4
College 1 year to 3 years (Some college or technical school)	5
College 4 years or more (College graduate)	6
-----	
Refused	7 (9)

84. Are you currently. . .READ 1-8 (118)<sub>3,16</sub>
- |                                  |   |
|----------------------------------|---|
| Employed for wages               | 1 |
| Self-employed                    | 2 |
| Out of work for more than 1 year | 3 |
| Out of work for less than 1 year | 4 |
| Homemaker                        | 5 |
| Student                          | 6 |
| Retired                          | 7 |
| Or unable to work                | 8 |
| -----                            |   |
| Refused                          | 9 |

85. IF EMPLOYED, CODE 1-2, Q.84: What kind of business or industry do you work in?  
99 = REFUSED (347-348)
- 

86. What is your job title? IF NO JOB TITLE, SAY: What type of work do you do?  
88 = OWNER/PROPRIETOR/SELF-EMPLOYED, 99 = REFUSED (349-350)
- 

87. Is your annual household income from all sources less than \$25,000? (119-120)<sub>3,19(2)</sub>  
IF YES, READ 1-4, IF NO, READ 5-8

- |                                     |        |
|-------------------------------------|--------|
| *Is it less than \$10,000           | 1      |
| \$10,000 to less than \$15,000      | 2      |
| \$15,000 to less than \$20,000      | 3      |
| Or \$20,000 to less than \$25,000   | 4      |
|                                     |        |
| *Is it 25,000 to less than \$35,000 | 5      |
| \$35,000 to less than \$50,000      | 6      |
| \$50,000 to less than \$75,000      | 7      |
| Or is it \$75,000 or more           | 8      |
| -----                               |        |
| Don't know/Not sure                 | 9 (77) |
| Refused                             | A (99) |

88. About how much do you weigh without shoes? ROUND FRACTIONS UP (121-123)<sub>3,22(3)</sub>

Don't know/Not sure	777
Refused	999

89. How much would you like to weigh? ROUND FRACTIONS UP (124-126)<sub>3.26(3)</sub>

Don't know/Not sure	777
Refused	999

90. About how tall are you without shoes? ROUND FRACTIONS DOWN (127-129)<sub>3.30(3)</sub>

Don't know/Not sure	777
Refused	999

91. What county do you live in? (79 = DON'T KNOW, 80 = REFUSED) (777, 999) (130-132)<sub>3.34(3)</sub>

Adams	01	Grays Harbor	27	Pierce	53
Asotin	03	Island	29	San Juan	55
Benton	05	Jefferson	31	Skagit	57
Chelan	07	King	33	Skamania	59
Clallam	09	Kitsap	35	Snohomish	61
Clark	11	Kittitas	37	Spokane	63
Columbia	13	Klickitat	39	Stevens	65
Cowlitz	15	Lewis	41	Thurston	67
Douglas	17	Lincoln	43	Wahkiakum	69
Ferry	19	Mason	45	Walla Walla	71
Franklin	21	Okanogan	47	Whatcom	73
Garfield	23	Pacific	49	Whitman	75
Grant	25	Pend Oreille	51	Yakima	77

96. What is your ZIP code? IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live? (351-355)<sub>3.37(4)</sub>

9	
Don't know/Refused	9999

97. Do you have more than one telephone number in your household? (133)<sub>3.41</sub>

SKIP TO Q.100 <-----	Yes	1
	No	2
	Refused	3 (9)

98. How many residential telephone numbers do you have? 8 = 8 OR MORE (134)<sub>3.42</sub>

Refused	9
---------	---

100. Now I have some questions about other health services you may have received.

RECORD GENDER ASK ONLY IF NECESSARY	(135) <sub>3,43</sub>
SKIP TO SECTION 10 <-----Male	1
Female	2

## SECTION 9: WOMEN'S HEALTH

101. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (136)<sub>3,44</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.104 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

102. How long has it been since you had your last mammogram? READ 1-5 ONLY IF NECESSARY (137)<sub>3,45</sub>

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 3 years (2 to 3 years ago)	3
Within the past 5 years (3 to 5 years ago)	4
5 or more years ago	5
-----	
Don't know/Not sure	6 (7)
Refused	7 (9)

103. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (138)<sub>3,46</sub>

Routine checkup	1
Breast problem other than cancer	2
Had breast cancer	3
Don't know/Not sure	4 (7)
Refused	5 (9)

104. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (139)<sub>3,47</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.107 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

105. How long has it been since your last breast exam? READ 1-5 ONLY IF  
NECESSARY (140)<sub>3.48</sub>

- |  |       |
|--|-------|
| Within the past year (1 to 12 months ago)  | 1     |
| Within the past 2 years (1 to 2 years ago) | 2     |
| Within the past 3 years (2 to 3 years ago) | 3     |
| Within the past 5 years (3 to 5 years ago) | 4     |
| 5 or more years ago                        | 5     |
| -----                                      |       |
| Don't know/Not sure                        | 6 (7) |
| Refused                                    | 7 (9) |

106. Was your last breast exam done as part of a routine checkup, because of a breast problem  
other than cancer, or because you've already had breast cancer? (141)<sub>3.49</sub>

- |                                  |       |
|----------------------------------|-------|
| Routine checkup                  | 1     |
| Breast problem other than cancer | 2     |
| Had breast cancer                | 3     |
| Don't know/Not sure              | 4 (7) |
| Refused                          | 5 (9) |

107. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (142)<sub>3.50</sub>

- |                      |                     |       |
|----------------------|---------------------|-------|
| CONTINUE <-----      | Yes                 | 1     |
|                      | No                  | 2     |
| SKIP TO Q.110 <----- | Don't know/Not sure | 3 (7) |
|                      | Refused             | 4 (9) |

108. How long has it been since you had your last Pap smear? READ 1-5 ONLY IF  
NECESSARY (143)<sub>3.51</sub>

- |  |       |
|--|-------|
| Within the past year (1 to 12 months ago)  | 1     |
| Within the past 2 years (1 to 2 years ago) | 2     |
| Within the past 3 years (2 to 3 years ago) | 3     |
| Within the past 5 years (3 to 5 years ago) | 4     |
| 5 or more years ago                        | 5     |
| -----                                      |       |
| Don't know/Not sure                        | 6 (7) |
| Refused                                    | 7 (9) |

109. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (144)<sub>3.52</sub>

Routine exam	1
Check current or previous problem	2
Other	3
Don't know/Not sure	4 (7)
Refused	5 (9)

110. Have you had a hysterectomy? IF NEEDED: A hysterectomy is an operation to remove the uterus (womb) (145)<sub>3.53</sub>

IF <51 Skip to Q112/If Not SKIP TO SECTION 10 <-----	Yes	1
	No	2
IF AGE <45 ASK Q.111 <-----	Don't know/Not sure	3 (7)
IF 45-50 ASK Q112	Refused	4 (9)
IF 51 or older SKIP TO SECTION 10		

111. To your knowledge, are you now pregnant? (146)<sub>3.54</sub>

Ask Q 112b	Yes	1
	No	2
Ask Q 112a	Don't know/Not sure	3 (7)
	Refused	4 (9)

112a. Have you been pregnant since January 1990? (356)<sub>3.55</sub>

112b. Have you been pregnant any other time since January, 1990?

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.119 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

What is the month and year that your last pregnancy ended? Please consider all pregnancies. (357-360)<sub>3.60(4)</sub>

113

Month	_____
Don't know/Not sure	77
Refused	99

114

Year	_____
Don't know/Not sure	77
Refused	99

115. At any time during your last pregnancy, did you visit a doctor, midwife or clinic for prenatal (pregnancy-related) care? (361)<sub>3.64</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.119 <--	No, pregnancy ended early as a result of miscarriage or an abortion	3
	Don't know/Not sure	4 (7)
	Refused	5 (9)

116. Which of the following is the main place that you received prenatal care? READ 1-8  
(362-363)<sub>3.65(2)</sub>

Community Health Center Clinic	1
Health department clinic	2
Family planning clinic or prenatal clinic	3
Public hospital clinic	4
Private doctor	5
Private group practice, including a clinic or private hospital clinic	6
HMO or other prepaid group practice	7
Or somewhere else (SPECIFY:)	8
-----	
Don't know/Not sure	9 (77)
Refused	A (99)

117. At any time during your pregnancy, did this health care provider discuss HIV or AIDS with you? (364)<sub>3.67</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

118. At any time during your last pregnancy, did this health care provider offer to test you for HIV? (365)<sub>3.68</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

**IF AGE 65 OR OLDER, SKIP TO HEALTH CARE SECTION**

**SECTION 10: HIV/AIDS**

119. The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (147-148)<sup>3.69(2)</sup>

- |   |                                      |        |
|---|--------------------------------------|--------|
|   | First grade (age 5-6)                | 1      |
|   | Second grade (age 6-7)               | 2      |
|   | Third grade (age 7-8)                | 3      |
| 4 | Fourth grade (age 8-9)               |        |
|   | Fifth grade (age 9-10)               | 5      |
|   | Sixth grade (age 10-11)              | 6      |
|   | Seventh grade (age 11-12)            | 7      |
|   | Eighth grade (age 12-13)             | 8      |
|   | Ninth grade (freshman) (age 14-15)   | 9      |
|   | Tenth grade (sophomore) (age 15-16)  | A      |
| B | Eleventh grade (junior ) (age 16-17) |        |
| C | Twelfth grade (senior) (age 17-18)   |        |
|   | Kindergarten                         | D (55) |
|   | Never                                | E (88) |
|   | Don't know/Not sure                  | F (77) |
|   | Refused                              | G (99) |

120. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (149)<sup>3.71</sup>
- |                         |       |
|-------------------------|-------|
| Yes                     | 1     |
| No                      | 2     |
| Would give other advice | 3     |
| Don't know/Not sure     | 4 (7) |
| Refused                 | 5 (9) |



121. What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say. . .READ 1-4 (150)<sub>3.72</sub>

High	1
Medium	2
Low	3
Or None	4

-----	
SKIP TO Q.126<-----	Not applicable 5
	Don't know/Not sure 6 (7)
	Refused 7 (9)

122. Have you ever had your blood tested for HIV? (151)<sub>3.73</sub>

SKIP TO Q.126 <-----	Yes 1
	No 2
Continue <-----	Don't know/Not sure 3 (7)
	Refused 4 (9)

123. Have you donated blood since March 1985? (152)<sub>3.74</sub>

CONTINUE <-----	Yes 1
	No 2
SKIP TO Q.132 <-----	Don't know/Not sure 3 (7)
	Refused 4 (9)

When did you last donate blood? (153-156)<sub>4.5(4)</sub>

124 Month		
125 Year		
	Don't know/Not sure	7777
	Refused	9999

### SKIP TO Q.132

When was your last blood test for HIV? (157-160)<sub>4.13(4)</sub>

126 Month		
127 Year		
	Don't know/Not sure	7777
	Refused	9999

128. What was the main reason you had your last blood test for HIV? READ 1-H ONLY IF NECESSARY (161-162)<sub>4.17(2)</sub>

- |  |        |
|--|--------|
| For hospitalization or surgical procedure                          | 1      |
| To apply for health insurance                                      | 2      |
| To apply for life insurance  | 3      |
| For employment   | 4      |
| To apply for a marriage license                                    | 5      |
| For military induction or military service                         | 6      |
| For immigration  | 7      |
| Just to find out if you were infected                              | 8      |
| Because of referral by a doctor                                    | 9      |
| Because of pregnancy   | A      |
| Referred by your sex partner                                       | B      |
| Skip to Q132 <-----Because it was part of a blood donation process | C      |
| For routine check-up   | D      |
| Because of occupational exposure                                   | E      |
| Because of illness   | F      |
| Because I am at risk for HIV                                       | G      |
| Other (SPECIFY:)   | H (87) |
| Don't know/Not sure  | I (77) |
| Refused  | J (99) |

129. Where did you have your last blood test for HIV? READ 1-K ONLY IF NECESSARY (163-164)<sub>4.19(2)</sub>

- |   |        |
|---|--------|
| Private doctor, HMO                           | 1      |
| Blood bank, plasma center, Red Cross          | 2      |
| Health department                             | 3      |
| AIDS clinic, counseling, testing site         | 4      |
| Hospital, emergency room, outpatient clinic   | 5      |
| Family planning clinic                        | 6      |
| Prenatal clinic/obstetrician's office         | 7      |
| Tuberculosis clinic                           | 8      |
| STD clinic                                    | 9      |
| Community health clinic                       | A      |
| Clinic run by employer                        | B      |
| Insurance company clinic                      | C      |
| Other public clinic                           | D      |
| Drug treatment facility                       | E      |
| Military induction or military service site   | F      |
| Immigration site                              | G      |
| At home, home visit by nurse or health worker | H      |
| At home using self-testing kit                | I      |
| In jail or prison                             | J      |
| Other (Specify:)                              | K (87) |
| Don't know/Not sure                           | L (77) |
| Refused                                       | M (99) |

130. Did you receive the results of your last test? (165)<sub>4.21</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.132 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

131. Did you receive counseling or talk with a health care professional about the results of your test? (166)<sub>4.22</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

132. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say. . .READ 1-3 (167)<sub>4.23</sub>

Very effective	1
Somewhat effective	2
Or not at all effective	3
-----	
Don't know how effective	4
Don't know method	5
Refused	6 (9)

133. These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

Due to what you know about HIV, have you changed your sexual behavior in the last 12 months? (168)<sub>4.24</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO NEXT SECTION <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

134. Have you. . .READ STATEMENTS

	Yes	No	Dk/Ns	Ref	
135. Had sexual intercourse with only one partner?	1	2	3 (7)	4 (9)	(169) <sub>4.25</sub>
136. Used condoms for protection?	1	2	3 (7)	4 (9)	(170) <sub>4.26</sub>
137. Been more careful in selecting sexual partners?	1	2	3 (7)	4 (9)	(171) <sub>4.27</sub>

SECTION 11: HEALTH CARE UTILIZATION (Module 7)

138. Now, on a different topic, is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

(240)<sub>4.28</sub>

SKIP TO Q.140 <-----	Yes	1
CONTINUE <-----	More than one place	2
SKIP TO Q.141 <-----	No	3
SKIP TO Q.142 <-----	Don't know/Not sure	4 (7)
	Refused	5 (9)

139. Is there one of these places that you go to most often when you are sick or need advice about your health?

(241)<sub>4.29</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.142 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

140. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other kind of place? IF HOSPITAL, SAY: Is this an outpatient clinic or the emergency room? IF CLINIC, SAY: IS this a hospital outpatient clinic, a company clinic, or some other kind of clinic?

(242-243)<sub>4.30(2)</sub>

Doctor's office or private clinic	1
Company or school health clinic/Center	2
Community/Migrant/Rural clinic/center	3
County/City/Public hospital outpatient clinic	4
Private/other hospital outpatient clinic	5
Hospital emergency room	6
HMO/Prepaid group	7
Psychiatric hospital or clinic	8
VA hospital or clinic	9
Military health care facility	A
Some other kind of place (SPECIFY:)	B
Don't know/Not sure	C (77)
Refused	D (99)

**SKIP TO Q.142**

141. What is the main reason you do not have a usual source of medical care? (244-245)<sup>4.32(2)</sup>

- |   |        |
|---|--------|
| Two or more usual places                      | 1      |
| Have not needed a doctor                      | 2      |
| Do not like/trust/believe in doctors          | 3      |
| Do not know where to go                       | 4      |
| Previous doctor is not available/moved        | 5      |
| No insurance/cannot afford                    | 6      |
| Speak a different language                    | 7      |
| No place is available/close enough/convenient | 8      |
| Other (SPECIFY:)                              | 9      |
| Don't know/Not sure                           | A (77) |
| Refused                                       | B (99) |

## SECTION 12: PREVENTIVE COUNSELING SERVICES

142. The next series of questions is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

Has a doctor or other health professional ever talked to you about your diet or eating habits? IF YES, PROBE: About how long ago was it? (366)<sup>4.34</sup>

- |   |       |
|---|-------|
| Yes, with the past 12 months (1 to 12 months ago) | 1     |
| Yes, within the past 3 years (1 to 3 years ago)   | 2     |
| Yes, 3 or more years ago                          | 3     |
| No  | 4     |
| Don't know/Not sure                               | 5 (7) |
| Refused   | 6 (9) |

143. Has a doctor or health professional ever talked with you about physical activity or exercise? IF YES, PROBE: About how long ago was it? (367)<sup>4.35</sup>

- |   |       |
|---|-------|
| Yes, with the past 12 months (1 to 12 months ago) | 1     |
| Yes, within the past 3 years (1 to 3 years ago)   | 2     |
| Yes, 3 or more years ago                          | 3     |
| No  | 4     |
| Don't know/Not sure                               | 5 (7) |
| Refused   | 6 (9) |

IF NO (2) IN Q48 OR NOT AT ALL (3) IN Q49 SKIP TO Q 145

144. Has a doctor or other health professional ever advised you to quit smoking? IF YES,  
PROBE: About how long ago was it? (368)<sup>4.36</sup>

Yes, with the past 12 months (1 to 12 months ago)	1
Yes, within the past 3 years (1 to 3 years ago)	2
Yes, 3 or more years ago	3
No	4
Don't know/Not sure	5 (7)
Refused	6 (9)

### SECTION 13: CARDIOVASCULAR DISEASE

145. To lower your risk of developing heart disease or stroke, are you eating fewer high fat or high cholesterol foods?

YES	NO	DK/NS	REF
1	2	3 (7)	4 (9) (369) <sup>4.37</sup>

146. To lower your risk of developing heart disease or stroke, are you exercising more?

1	2	3 (7)	4 (9) (370) <sup>4.38</sup>
---	---	-------	-----------------------------

Has a doctor ever told you that you had any of the following. . .READ STATEMENTS

- |   | YES | NO | DK/NS | REF                         |
|---|-----|----|-------|-----------------------------|
| 147. Heart attack or myocardial infarction? | 1   | 2  | 3 (7) | 4 (9) (371) <sup>4.39</sup> |
| 148. Angina or coronary heart disease?      | 1   | 2  | 3 (7) | 4 (9) (372) <sup>4.40</sup> |
| 149. Stroke?                                | 1   | 2  | 3 (7) | 4 (9) (373) <sup>4.41</sup> |

### SECTION 14: HUNGER

150. The next few questions are about hunger, or not having enough food to eat. In the past 30 days, have you been concerned about having enough food for you or your family? (374)<sup>4.42</sup>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

151. In the past 30 days, did you skip any meals because there wasn't enough food or money to buy food? (375)<sup>4.43</sup>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.153 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

152. In the past 30 days, were there any days you did not eat at all because there wasn't any food or money to buy food? (376)<sub>4.44</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

## SECTION 15: HAND & WRIST DISCOMFORT

153. The next few questions ask about discomfort in your hands, wrists or fingers.

During the past 12 months, have you had any discomfort in your hands, wrists, or fingers? IF NEEDED: Discomfort can mean pain, burning, stiffness, numbness (hands falling asleep) or tingling (pins and needles). (377)<sub>4.45</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.157 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

154. During the past 12 months, did the discomfort in your hands, wrists or fingers last for 7 or more days in a row? (378)<sub>4.46</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.157 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

155. During the past 12 months, how many times have you had this discomfort in your hands, wrists or fingers, would you say. . READ 1-3 (379)<sub>4.47</sub>

CONTINUE <-----	Constantly	1
	At least 3 times in the last 12 months	2
SKIP TO Q157	Or less than 3 times in the last 12 months	3
SKIP TO Q.157 <-----	Don't know/Not sure	4 (7)
	Refused	5 (9)

156. Did the most serious or bothersome hand, wrist or finger problem that you had in the past 12 months develop from an accident or injury such as a cut, dislocation or a broken bone?

(380)<sub>4.48</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

## SECTION 16: FIREARMS

157. The questions that follow are about safety and firearms. Firearms include weapons such as pistols, shotguns, rifles, and other types of guns. Do not include BB guns, starter pistols, or guns that cannot fire.

Are any firearms now kept in or around your home? Include those kept in your home, in a garage, outdoor storage area, car, truck or other motor vehicle? (381)<sub>4.49</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.162 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

158. Are any of the firearms handguns, such as pistols or revolvers? (382)<sub>4.50</sub>

CONTINUE <-----	Yes	1
SKIP TO Q.160 <-----	No	2
CONTINUE <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

159. Are any of the firearms long guns, such as rifles or shotguns? (383)<sub>4.51</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)



160. What is the main reason that there are firearms in or around your home?  
Would you say for. . .READ 1-4 (384)<sub>4.52</sub>

Hunting or sport	1
Protection	2
Work, or	3
Some other reason	4
-----	
Don't know/Not sure	5 (7)
Refused	6 (9)

161. Is there a firearm in or around your home that is now both loaded and unlocked? (385)<sub>4.53</sub>
- |                     |       |
|---------------------|-------|
| Yes                 | 1     |
| No                  | 2     |
| Don't know/Not sure | 3 (7) |
| Refused             | 4 (9) |

#### SECTION 17: ENVIRONMENTAL HEALTH

162. These final questions ask about the quality of the environment in your community.

Do any the following items contribute to poor air quality in your area. . .READ  
STATEMENTS. ROTATE a-f

	YES	NO	DK/NS	REF	
163. Transportation(exhaust from cars, trucks and buses)	1	2	3 (7)	4 (9)	(386) <sub>4.55</sub>
164. Industry	1	2	3 (7)	4 (9)	(387) <sub>4.56</sub>
165. Trash or garbage burning	1	2	3 (7)	4 (9)	(388) <sub>4.57</sub>
166. Wood stoves	1	2	3 (7)	4 (9)	(389) <sub>4.58</sub>
167. Agricultural dust	1	2	3 (7)	4 (9)	(390) <sub>4.59</sub>
168. Dust from or smoke from burning landclearing debris	1	2	3 (7)	4 (9)	(391) <sub>4.60</sub>

- 169/ Is there any other source of poor air quality in your area? (IF ALL 2-4 ABOVE ASK:  
Are there any sources of poor air quality in your area? UP TO 4 RESPONSES  
(392)<sub>4.61\*4</sub>

172

Yes, (SPECIFY:)	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

173. IF CODE 2-4, a-g, ASK: Do you think air quality in your area is good? (393)<sub>4.65</sub>
- |                     |       |
|---------------------|-------|
| Yes                 | 1     |
| No                  | 2     |
| Don't know/Not sure | 3 (7) |
| Refused             | 4 (9) |

174. Have you experienced discomfort due to pollutants in the outside air such as headaches shortness of breath, breathing trouble or coughing? (394)<sup>4.66</sup>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.176 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

175. In which season do you experience these symptoms most often? (395)<sup>4.67</sup>

Spring	1
Summer	2
Fall	3
Winter	4
Year round	5
Occasionally	6
Don't know/Not sure	7
Refused	8 (9)

176. Have you ever experienced discomfort from indoor air, such as headaches, shortness of breath, breathing trouble, or coughing? (396)<sup>4.68</sup>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.181 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

177/ 180 Where did these symptoms occur? DO NOT READ. UP TO 4 RESPONSES (397-400)<sup>4.69\*4</sup>

Home	1
Workplace/office	2
Public building (restaurant, recreational facility)	3
Somewhere else (SPECIFY:)	4
Don't know/Not sure	5 (7)
Refused	6 (9)

181. What is the primary source of heat for your home, that is, the one your use most often?  
DO NOT READ (401)<sub>4.73</sub>

- |                      |       |
|----------------------|-------|
| Electricity          | 1     |
| Natural gas          | 2     |
| Oil                  | 3     |
| Propane/             |       |
| Propane powered heat | 4     |
| Wood burning stove   | 5     |
| Fireplace            | 6     |
| Other (SPECIFY:)     | 7 (8) |
| Don't know/Not sure  | 8 (7) |
| Refused              | 9     |
- SKIP TO Q. 188

182/ What other sources of heat do you use in your home? DO NOT READ (402-403)<sub>4.74\*2</sub>  
187 UP TO 6 RESPONSES (404-407)<sub>5.5\*4</sub>

- |                          |       |
|--------------------------|-------|
| Electricity              | 1     |
| Natural gas              | 2     |
| Oil                      | 3     |
| Propane/                 |       |
| Propane powered heat     | 4     |
| Wood burning stove       | 5     |
| Other (SPECIFY:)         | 6     |
| None/Use only one source | 7 (8) |
| Don't know/Not sure      | 8 (7) |
| Refused                  | 9     |

188. What is the source of your home's drinking water, does it come from. .  
.READ 1-4 \*IF NEEDED: such as rivers, lakes or springs (408)<sub>5.9</sub>  
\*\*Community systems usually serve fewer than 100 households.

- |                      |                                  |       |
|----------------------|----------------------------------|-------|
| SKIP TO Q.192 <----- | City or district supply          | 1     |
|                      | —**Community system              | 2     |
| CONTINUE <-----      | Private well                     | 3     |
|                      | *Or some other source (SPECIFY:) | 4     |
|                      | -----                            |       |
| SKIP TO Q.192 <----- | Don't know/Not sure              | 5 (7) |
|                      | Refused                          | 6 (9) |

189. Has your well water ever been tested? (409)<sub>5.10</sub>

CONTINUE <-----	Yes	1
	No	2
SKIP TO Q.192 <-----	Don't know/Not sure	3 (7)
	Refused	4 (9)
	New well not been tested	5
	New well dk if been tested	6

190. About how long has it been since it was tested? Would you say. . .READ 1-3 (410)<sub>5.11</sub>

Within the last 3 years	1
4 to 5 years ago	2
Over 5 years ago	3
-----	
Don't know/Not sure	4 (7)
Refused	5 (9)

191. Did the results from well testing indicate the presence of any contaminants? (411)<sub>5.12</sub>

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

192. What kind of sewage disposal system does your home use, is it a. . .READ 1-3 (412)<sub>5.13</sub>

SKIP TO Q.195 <-----	Municipal sewer	1
CONTINUE <-----	Septic tank or drain field	2
	Or some other system (SPECIFY:)	3
	-----	
SKIP TO Q.195 <-----	Don't know/Not sure	4 (7)
	Refused	5 (9)

193. When was the last time your septic tank was cleaned or pumped? (413)<sub>5.14</sub>

	Within the last 3 years	1
	Within the last 3 to 5 years	2
	Over 5 years ago	3
Ask Q. 194	Never	4
	-----	
	Don't know/Not sure	5 (7)
	Refused	6 (9)

Ask only if Never in Q193

194. How old is your septic tank? (414)<sub>5.15</sub>

Less than 3 years old	1
3 or more years old	2
Don't know/Not sure	3 (7)
Refused	4 (9)

195. Is there a solid waste disposal service, such as garbage or trash pickup, in your community? (415)<sub>5.16</sub>

CONTINUE <-----	Yes	1
SKIP TO Q.197 <-----	No	2
	Don't know/Not sure	3 (7)
	Refused	4 (9)

196. Do you use a solid waste disposal service, such as garbage or trash pickup? (416)<sub>5.17</sub>

SKIP TO Q.200<-----	Yes	1
CONTINUE <-----	No	2
	Don't know/Not sure	3 (7)
	Refused	4 (9)

197/ How do you handle your solid waste, such as garbage and trash?  
199 DO NOT READ UP TO 3 RESPONSES (417-419)<sub>5.18\*3</sub>

Haul it to a collection site	1
Recycle and compost	2
Other (SPECIFY:)	3
Don't know/Not sure	4 (7)
Refused	5 (9)

200. That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

201. FIPS code (1-2) 5.24(2)  
 202. STRATUM CODE (3) 5.28  
 204. AREA CODE (18-20) 5.31(3)  
 205/206. PHONE NUMBER (21-25)  
 209. TOTAL HOUSEHOLD MEMBERS (29-30) 5.44(2)  
 210. TOTAL WOMEN (32) 5.49(2)  
 211. TOTAL MEN (31) 5.53(2)  
 213. ID# (16-17)  
 214. DAY OF WEEK 5.58  
 217. CI2NUMBER/PSU (4-8)  
 218. TIME  
 219/220. DATE (10-15) 5.63(6)  
 221. RECORD NUMBER (9)  
 222. COMPLETE CODE (26-27) 5.72  
 223. ATTEMPT  
 227. SNOHOMISH CTY AREA 1-6, 7-8 5.75  
 230. Is this supplemental sample?

Yes 1 5.76  
 No 2

Strata sampling interview ratio

(420)  
 Sampled from 1+ Banks 1  
 Sampled from zero banks 4